Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is amended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Nathaniel First name  Montrail Middle name  Staton  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years Include your married or maiden names.	Nathaniel M. Staton Nathaniel Staton		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8418		

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Debtor 1 Nathaniel Montrail Staton

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)
		EINs	EINs
5.	Where you live	8192 Trafalgar Square Jacksonville, FL 32217	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		<u>Duval</u> County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

#### Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 3 of 65

Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Chap	ter 7				
		☐ Chap	ter 11				
		☐ Chap	ter 12				
		☐ Chap	ter 13				
8.	How you will pay the fee	ab ord	out how yo	ou may pay. Typically, if you are paying the fe attorney is submitting your payment on your	heck with the clerk's office in your local court for more details e yourself, you may pay with cash, cashier's check, or money behalf, your attorney may pay with a credit card or check with		
					option, sign and attach the Application for Individuals to Pay		
		□ Ire	equest tha		ption only if you are filing for Chapter 7. By law, a judge may, if your income is less than 150% of the official poverty line tha		
		ар	plies to yo	ur family size and you are unable to pay the fe	ee in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.					
	last o years.	<b>□</b> 163.	District	When	Case number		
			District	When	Case number		
			District	When	Case number		
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor		Relationship to you		
			District	When	Case number, if known		
			Debtor		Relationship to you		
			District	When	Case number, if known		
11.	Do you rent your	□ No.		ine 12.			
11.	Do you rent your residence?	□ No. ■ Yes.		ine 12. our landlord obtained an eviction judgment ag	ainst you?		
111.		_			ainst you?		

Debtor 1 Nathaniel Montrail Staton

# 

Deb	tor 1 Nathaniel Montrai	l Staton		Case number (if known)
Pari	Report About Any Bu	sinesses	You Own as a Sole Proprie	etor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
	business.	☐ Yes.	Name and location of bu	siness
	A sole proprietorship is a			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code
	it to this petition.		Check the appropriate b	ox to describe your business:
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	ve
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation in 11 U.S	s. If you indicate that you are ns, cash-flow statement, and S.C. 1116(1)(B).	e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not filing under Cha	pter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	t 4: Report if You Own or	Have An	y Hazardous Property or Ai	ny Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	- •			Number, Street, City, State & Zip Code

Debtor 1 Nathaniel Montrail Staton

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2	(Spouse Only	in a ر	Joint Case
----------------	--------------	--------	------------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Nathaniel Montrai	l Staton			Case number	(if known)		
Part	6: Answer These Quest	ions for Re	porting Purposes					
16.	What kind of debts do you have?			ily consumer debts? Consupersonal, family, or househo		ed in 11 U.S.C. § 101(8) as "incurred by an		
			□ No. Go to line 16b.					
			Yes. Go to line 17.					
				Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
			☐ No. Go to line 16c.		<b>,</b>			
			☐ Yes. Go to line 17.					
		16c.	State the type of debts y	ou owe that are not consum	er debts or business	s debts		
		-						
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Cha	apter 7. Go to line 18.				
	Do you estimate that after any exempt	Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	property is excluded and administrative expenses		■ No					
	are paid that funds will be available for		□ Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	☐ 1-49		□ 1,000-5,000		□ 25,001-50,000		
	you estimate that you owe?	<b>5</b> 0-99		☐ 5001-10,000		□ 50,001-100,000		
	owe:	□ 100-19	· -	□ 10,001-25,00	0	☐ More than100,000		
		200-99	19					
19.	How much do you	<b>\$0 - \$5</b>	50,000	□ \$1,000,001 -		☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 ·		\$1,000,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 · □ \$100,000,001		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
		<b>ω</b> ψοσο,σ				·		
20.	How much do you estimate your liabilities	<b>1</b> \$0 - \$5		□ \$1,000,001 - 1		□ \$500,000,001 - \$1 billion		
	to be?		01 - \$100,000	□ \$10,000,001 · □ \$50,000,001 ·		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	□ \$100,000,001		☐ More than \$50 billion		
Part								
For	you	I have exa	amined this petition, and	I declare under penalty of pe	erjury that the inform	ation provided is true and correct.		
						under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.		
				did not pay or agree to pay s ad the notice required by 11		an attorney to help me fill out this		
		I request i	relief in accordance with	the chapter of title 11, United	d States Code, spec	ified in this petition.		
		bankrupto and 3571.	understand making a false statement, concealing property, or obtaining money or property by fraud in con ankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. § nd 3571.					
			aniel Montrail Staton el Montrail Staton		Signature of Debtor	2		
			of Debtor 1		orginature of Debtor	_		
		Executed			Executed on			
			MM / DD / YYYY		MM .	/ DD / YYYY		

#### Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 7 of 65

schedules filed with the petition is incorrect.  /s/ Tony Turner Signature of Attorney for Debtor  Tony Turner Printed name  Law Office of Tony Turner Firm name  5329 Ogilvie Lane Saint Augustine, FL 32086 Number, Street, City, State & ZIP Code	•	Case 3.13-bk-02140-3Al Duc.	I 11160 01/21/13	rage 1 01 05	
under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each of for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information schedules filed with the petition is incorrect.  /s/ Tony Turner  Signature of Attorney for Debtor  Tony Turner  Printed name  Law Office of Tony Turner  Firm name  5329 Ogilvie Lane  Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code	Debtor 1 Nathaniel Montra	il Staton	Cas	e number (if known)	
and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information schedules filed with the petition is incorrect.  /s/ Tony Turner  Signature of Attorney for Debtor  Tony Turner  Printed name  Law Office of Tony Turner  Firm name  5329 Ogilvie Lane  Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code		under Chapter 7, 11, 12, or 13 of title 11, Unite	d States Code, and have e	xplained the relief available under each	h chapter
Signature of Attorney for Debtor  Tony Turner Printed name  Law Office of Tony Turner Firm name  5329 Ogilvie Lane Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code	an attorney, you do not need	and, in a case in which § 707(b)(4)(D) applies,		. ,	• ,
Tony Turner  Printed name  Law Office of Tony Turner  Firm name  5329 Ogilvie Lane  Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code		· · · · · · · · · · · · · · · · · · ·	Date		
Printed name  Law Office of Tony Turner  Firm name  5329 Ogilvie Lane  Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code		Signature of Attorney for Debtor		MM / DD / YYYY	
Law Office of Tony Turner  Firm name  5329 Ogilvie Lane Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code					
Firm name  5329 Ogilvie Lane Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code		Printed name			
5329 Ogilvie Lane Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code					
Saint Augustine, FL 32086  Number, Street, City, State & ZIP Code					
Number, Street, City, State & ZIP Code		•			
Contact phone 904-679-2020 Email address tonuturnerlaw@amail.com		Number, Street, City, State & ZIP Code			
Contact priorite 307 013 2020 Entail address Conty turneria wegnan.com		Contact phone <b>904-679-2020</b>	Email address	tonyturnerlaw@gmail.com	

899925 FL Bar number & State

#### Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 8 of 65

Fill	in this information to identi	fy your case:			
Deb		Montrail Staton			
Dob	First Name	Middle Name	Last Name		
	use if, filing) First Name	Middle Name	Last Name		
Unit	ed States Bankruptcy Court f	or the: MIDDLE DISTRICT OF	FLORIDA		
	. ,				
Cas (if kn				□ Check	if this is an
`	,			_	led filing
					-
<b>○</b> t	::-:-!				
	ficial Form 106Su				
			nd Certain Statistical Information		2/15
			are filing together, both are equally responsible for the information on this form. If you are filing amend		
			the box at the top of this page.		oo anton you mo
Par	1: Summarize Your Ass	ets			
				Your as	sets f what you own
				raido o	macyca cm.
1.	Schedule A/B: Property (C 1a. Copy line 55. Total real	Official Form 106A/B) estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total pers	onal property, from Schedule A/B		\$	600.00
	1c. Copy line 63, Total of all	property on Schedule A/B		\$	600.00
Dor	O Summarina Vaur Liah	ilition			
Par	2: Summarize Your Liab	ilities			
				Your lia	
				Amount	you owe
2.		Have Claims Secured by Property	(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	0.00
	za. Copy trie total you listed	in Column A, Amount of Claim, at	the bottom of the last page of Fart 1 of Schedule D	<u> </u>	
3.		o Have Unsecured Claims (Officia	I Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	Sa. Copy the total dains in	om Part i (prionty unsecureu ciaim	is) from line 6e of Schedule E/F	<b>~</b>	
	3b. Copy the total claims from	om Part 2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F	\$	39,250.00
			Your total liabilities	\$	39,250.00
Par	3: Summarize Your Inco	me and Expenses			
4.	Schedule I: Your Income (O	fficial Form 106I)			
4.	`	,	· I	\$	2,241.51
5.	Schedule J: Your Expenses	(Official Form 106 I)			
J.				\$	2,225.00
Par	4: Answer These Questi	ons for Administrative and Stati	stical Records		
ı aı	Allower Friede Questi	ons for Administrative and otali	Stider Nedorida		
6.		to report on this part of the form. C	heck this box and submit this form to the court with yo	ur other sch	edules.
	■ Yes				
7.	What kind of debt do you	have?			
			debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not pr		ve nothing to report on this part of the form. Check this	s box and su	bmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Nathaniel Montrail Staton

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,936.66

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

#### Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 10 of 65

	Ouse 0.10	) bit 02140 07 (i B	001 1 11100 01721713 1 age	10 01 00
Fill in this inform	ation to identify you	r case and this filing:		
Debtor 1	Nathaniel Montr	ail Staton  Middle Name	Last Name	
Debtor 2	First Name			
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	MIDDLE DISTRICT OF FLO	DRIDA	
Case number				☐ Check if this is an amended filing
				amended ming
Official For	m 106A/B			
	• A/B: Prop	nertv		12/15
			e. If an asset fits in more than one category, lis	
	space is needed, attacl		people are filing together, both are equally resp On the top of any additional pages, write your r	
Part 1: Describe E	ach Residence, Buildin	g, Land, or Other Real Estate Yo	ou Own or Have an Interest In	
1. Do you own or ha	ave any legal or equitab	le interest in any residence, bui	ilding, land, or similar property?	
■ No. Go to Part	2.			
☐ Yes. Where is	the property?			
Part 2: Describe Y	our Vehicles			
			cles, whether they are registered or not? In G: Executory Contracts and Unexpired Leas	
3. Cars, vans, tru	cks, tractors, sport u	tility vehicles, motorcycles		
■ No				
☐ Yes				
,	,		vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories	•
■ Na				
■ No □ Yes				
5 Add the dollar	value of the nortion	you own for all of your entr	ies from Part 2, including any entries for	
				.=> \$0.00
Part 3: Describe Y	our Personal and Hous	sehold Items		
		table interest in any of the f	ollowing items?	Current value of the
				portion you own? Do not deduct secured claims or exemptions.
	ods and furnishings or appliances, furniture	e, linens, china, kitchenware		
■ No				
☐ Yes. Descri	be			
7. <b>Electronics</b> Examples: Tele	evisions and radios: au	ıdio, video, stereo, and digital	equipment; computers, printers, scanners; n	nusic collections; electronic devices
		neras, media players, games		,
Yes. Descri	be			

Official Form 106A/B Schedule A/B: Property page 1

# Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 11 of 65

D	ebtor 1	Nathaniel Montrail Staton	Case number (if known)	
		TV (Samsung)		\$500.00
8.		bles of value es: Antiques and figurines; paintings, prints, or other artwork; bo other collections, memorabilia, collectibles	ooks, pictures, or other art objects; stamp, coin,	or baseball card collections;
	☐ Yes.	Describe		
9.		ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; musical instruments	bicycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
	☐ Yes.	Describe		
10	■ No	oles: Pistols, rifles, shotguns, ammunition, and related equipmer	nt	
	☐ Yes.	Describe		
11.	□ No	s  bles: Everyday clothes, furs, leather coats, designer wear, shoes  Describe	s, accessories	
	<b>—</b> 163.			¢400.00
		Misc. Clothing and footwear		\$100.00
	■ No □ Yes.  Non-far Examp	y  ples: Everyday jewelry, costume jewelry, engagement rings, weco  Describe  rm animals  ples: Dogs, cats, birds, horses	dding rings, heirloom jewelry, watches, gems, g	old, silver
	■ No □ Yes.	Describe		
14	. Any oth ■ No	her personal and household items you did not already list, if	including any health aids you did not list	
	<b>—</b> 103.	Give specific information		1
15		he dollar value of all of your entries from Part 3, including a art 3. Write that number here		\$600.00
Pa	art 4: Des	scribe Your Financial Assets		
D	o you ow	vn or have any legal or equitable interest in any of the follov	ving?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No	oles: Money you have in your wallet, in your home, in a safe dep		on
_				
17		its of money  oles: Checking, savings, or other financial accounts; certificates institutions. If you have multiple accounts with the same institutions.		nouses, and other similar
	☐ Yes	Institution	name:	

Official Form 106A/B Schedule A/B: Property page 2

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De	ebtor 1	Nathaniel Montrail Staton	Case number (if known)	
18.	_Examp	mutual funds, or publicly traded stocks oles: Bond funds, investment accounts with brokera	ge firms, money market accounts	
	■ No □ Yes	Institution or issuer name	:	
19.		ublicly traded stock and interests in incorporated enture	d and unincorporated businesses, including an interest in a	an LLC, partnership, and
	■ No	entare		
	_	Give specific information about themName of entity:	% of ownership:	
20.	Negoti Non-n	nment and corporate bonds and other negotiable able instruments include personal checks, cashiers egotiable instruments are those you cannot transfer	' checks, promissory notes, and money orders.	
	■ No			
	☐ Yes.	Give specific information about them Issuer name:		
21.		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 403(b)	, thrift savings accounts, or other pension or profit-sharing plans	S
	■ No			
	☐ Yes.	List each account separately.  Type of account:	Institution name:	
22.	Your s Examp	ey deposits and prepayments hare of all unused deposits you have made so that bles: Agreements with landlords, prepaid rent, public	you may continue service or use from a company cutilities (electric, gas, water), telecommunications companies,	or others
	■ No □ Yes.		Institution name or individual:	
23.	Annuit ■ No	ies (A contract for a periodic payment of money to y	ou, either for life or for a number of years)	
	☐ Yes	Issuer name and description.		
24.	26 U.S.	s in an education IRA, in an account in a qualified S. §§ 530(b)(1), 529A(b), and 529(b)(1).	ed ABLE program, or under a qualified state tuition prograi	n.
	■ No □ Yes	Institution name and description. Sep	parately file the records of any interests.11 U.S.C. § 521(c):	
	Trusts	equitable or future interests in property (other	than anything listed in line 1), and rights or powers exercis	able for your benefit
	☐ Yes.	Give specific information about them		
		s, copyrights, trademarks, trade secrets, and otheles: Internet domain names, websites, proceeds from		
		Give specific information about them		
27.		es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperation	ve association holdings, liquor licenses, professional licenses	
		Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to you		
	■ No	Give specific information about them, including who	ether you already filed the returns and the tax years	

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De	btor 1	Nathaniel Montrail Staton	Case number (if known)	
	Examp No	support  oles: Past due or lump sum alimony, spousal support, child support, main  Give specific information	tenance, divorce settlement, property	settlement
	Examp ■ No	amounts someone owes you  bles: Unpaid wages, disability insurance payments, disability benefits, sich benefits; unpaid loans you made to someone else  Give specific information	k pay, vacation pay, workers' comper	nsation, Social Security
	Examp	ts in insurance policies  bles: Health, disability, or life insurance; health savings account (HSA); cr	edit, homeowner's, or renter's insurar	nce
	■ No □ Yes.	Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
	If you a someo	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died.  Give specific information	policy, or are currently entitled to rece	eive property because
	Examp ■ No	against third parties, whether or not you have filed a lawsuit or madeles: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim	de a demand for payment	
	No	contingent and unliquidated claims of every nature, including count	erclaims of the debtor and rights to	set off claims
	No	ancial assets you did not already list  Give specific information		
	Add t	he dollar value of all of your entries from Part 4, including any entrient 4. Write that number here		\$0.00
Pai	t 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List a	ny real estate in Part 1.	
•	No. Go	own or have any legal or equitable interest in any business-related property? to Part 6. So to line 38.		
Pai		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have ou own or have an interest in farmland, list it in Part 1.	e an Interest In.	
46.	■ No.	own or have any legal or equitable interest in any farm- or commer Go to Part 7. . Go to line 47.	cial fishing-related property?	
Pai	t 7:	Describe All Property You Own or Have an Interest in That You Did Not List	Above	
		have other property of any kind you did not already list?  oles: Season tickets, country club membership		

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information.......

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Debtor 1 Nathaniel Montrail Staton		Case number (if known)	
54. Add the dollar value of all of your entries from Part 7. Write that n	umber here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$0.00
56. Part 2: Total vehicles, line 5	\$0.00		
57. Part 3: Total personal and household items, line 15	\$600.00		
58. Part 4: Total financial assets, line 36	\$0.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	\$0.00		
62. <b>Total personal property.</b> Add lines 56 through 61	\$600.00	Copy personal property total	\$600.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$600.00

Official Form 106A/B Schedule A/B: Property page 5

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						_	
Filli	in this inforn	nation to identify your	case:				
Deb	tor 1	Nathaniel Montral	il Staton				
	_	First Name	Middle Name	L	ast Name		
	tor 2 use if, filing)	First Name	Middle Name	L	_ast Name		
Linita	ad States Rai	nkruptcy Court for the:	MIDDLE DISTRICT OF FLO	RIDA			
Ornic	ou Olalos Bal	intraptoy Court for the.	WIEDEL DIGITALOT OF TEO		<u>'</u>		
Case (if kno	e number _						1 Check if this is an
(	,					_	amended filing
~"	–	1000				_	
		<u>rm 106C</u>					
Sc	hedule	e C: The Pro	operty You Cla	iim	as Exempt		4/19
the p	roperty you li	sted on Schedule A/B: P	Property (Official Form 106A/B)	as yo	ther, both are equally responsible for our source, list the property that you age as necessary. On the top of any	claim as ex	kempt. If more space is
	number (if kn		, ,				, ,
					ount of the exemption you claim.		
					ir market value of the property be th aids, rights to receive certain b		
fund	s—may be u	nlimited in dollar amou	ınt. However, if you claim an	exen	nption of 100% of fair market valu	e under a	law that limits the
		statutory amount.	and the value of the proper	ty is c	determined to exceed that amoun	t, your exe	imption would be limited
Part	1: Identif	y the Property You Cla	im as Exempt				
1. \	Which set of	exemptions are you cl	aiming? Check one only, eve	n if yo	our spouse is filing with you.		
	_		nonbankruptcy exemptions.	•	,		
_	_	· ·	ns. 11 U.S.C. § 522(b)(2)	0.0	5.0. 3 022(0)(0)		
		,		4	fill in the information below		
			•	• •	fill in the information below.		
		on of the property and line that lists this property	e on Current value of the portion you own	Am	ount of the exemption you claim	Specific la	aws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	TV (Samsu	•	\$500.00		\$500.00	Fla. Sta	t. Ann. § 222.25(4)
L	Line from Scr	nedule A/B: <b>7.1</b>			100% of fair market value, up to any applicable statutory limit		
					any applicable statutory limit		
		ing and footwear	\$100.00		\$100.00	Fla. Sta	t. Ann. § 222.25(4)
L	Line from Sch	nedule A/B: <b>11.1</b>	<u> </u>		100% of fair market value, up to		
					any applicable statutory limit		
			nption of more than \$170,35 devery 3 years after that for ca		iled on or after the date of adjustme	nt.)	
Ì	■ No	,	2 . , 2 , 2 2 and man for ou		and or any dolling	•••	
[	☐ Yes. Did	you acquire the property	y covered by the exemption wi	ithin 1	,215 days before you filed this case	?	
		0	•		•		
	□ Ye	es					

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Fill in this information to identify your case:					
Debtor 1	Nathaniel Montra	il Staton			
	First Name	Middle Name	Last Name		1
Debtor 2					1
(Spouse if, filing)	First Name	Middle Name	Last Name		1
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case number _					☐ Check if this is an
					amended filing

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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		Ousc 0.10	DK 02140	, o, a	o i i ii ca	01121110 1 0	ige 17 01 00	
Fill in	this inform	ation to identify your	case:					
Debtor	1	Nathaniel Montra	il Staton					
200101	•	First Name	Middle Na	ame	Last Name		_	
Debtor (Spouse		First Name	Middle Na	ame	Last Name		_	
United	States Ban	kruptcy Court for the:	MIDDLE DIS	STRICT OF FLO	RIDA		_	
Case r	number			_				Check if this is an mended filing
		106E/F F: Creditors W	ho Have	Unsecure	d Claims			12/15
any exec Schedul Schedul Ieft. Atta name ar	cutory contra e G: Executo e D: Credito ich the Conti nd case num	acts or unexpired leases ory Contracts and Unexp	that could resuired Leases (Of ured by Proper e. If you have r	ult in a claim. Also fficial Form 106G) ty. If more space i no information to	o list executory of . Do not include is needed, copy	contracts on Schedule a any creditors with part the Part you need, fill it	A/B: Property (Offici ially secured claims out, number the en	that are listed in tries in the boxes on the
Part 1:		s have priority unsecure						
	No. Go to Pa		u ciaiilis agailis	st you :				
		IT 2.						
Ц	Yes.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims				
3. Do	any creditor	s have nonpriority unsec	ured claims ag	ainst you?				
	No. You have	e nothing to report in this p	art. Submit this f	orm to the court wi	th your other sch	edules		
_	Yes.	o nouning to report in time p	a Ca2		,			
uns	secured claim n one credito	nonpriority unsecured cl , list the creditor separately r holds a particular claim, l	/ for each claim.	For each claim list	ed, identify what t	type of claim it is. Do not	list claims already inc	cluded in Part 1. If more
								Total claim
4.1	Accepta	nce Now		Last 4 digits of a	ccount number	1305		\$4,432.00
	Nonpriority 5501 Hea	Creditor's Name adquarters Drive		When was the de		Opened 02/13		-
		eet City State Zip Code red the debt? Check one.		As of the date yo	u file, the claim	is: Check all that apply		
	■ Debtor 1	I only		☐ Contingent				
	☐ Debtor 2	2 only		☐ Unliquidated				
		I and Debtor 2 only		☐ Disputed				
		one of the debtors and and	other	Type of NONPRIC	ORITY unsecure	d claim:		
	_	f this claim is for a com		☐ Student loans				
	debt	n subject to offset?	•	Obligations ari report as priority c	sing out of a sepa	aration agreement or divo	orce that you did not	
	■ No					ng plans, and other simila	ır debts	
	☐ Yes			Other. Specify	unsecured	credit line		_
					_			

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Debtor	1 Nathaniel Montrail Staton	Case number (if known)	
4.2	Afni, Inc.	Last 4 digits of account number	\$580.00
	Nonpriority Creditor's Name Po Box 3097	When was the debt incurred? Opened 03/19	
-	Bloomington, IL 61702  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	_	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection account for AT&T U-Verse	
4.3	Amcol Systems Inc Nonpriority Creditor's Name	Last 4 digits of account number	\$3,614.00
	Po Box 21625	When was the debt incurred? Opened 02/19	
	Columbia, SC 29221	_ <del>,</del>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection acount for St. Vincent S Hospital	
4.4	Americollect Inc	Last 4 digits of account number 993F	\$1,325.00
	Nonpriority Creditor's Name  1851 S Alverno Road	When was the debt incurred? Opened 04/19	
	Manitowoc, WI 54221  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Resources Group	

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Debtor	1 Nathaniel Montrail Staton		Case number (if known)	
4.5	Americollect Inc	Last 4 digits of account number	993A	\$1,202.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes		account for Emergency	
4.6	Americollect Inc	Last 4 digits of account number	993C	\$1,202.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection a Resources	account for Emergency Group	
4.7	Americollect Inc	Last 4 digits of account number	993E	\$1,109.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 01/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin		
	□Yes	Other. Specify Collection a Resources	account for Emergency Group	

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Debtor	Nathaniel Montrail Staton		Case number (if known)	
4.8	Americollect Inc Nonpriority Creditor's Name	Last 4 digits of account number	5993	\$1,006.00
	1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 11/16	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Resources	account for Emergency Group	
4.9	Americollect Inc	Last 4 digits of account number	993G	\$753.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 05/19	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Collection Resources	account for Emergency Group	
4.1	Americollect Inc	Last 4 digits of account number	993B	\$683.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc. WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Collection  Control  Resources	account for Emergency Group	

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Debtor	1 Nathaniel Montrail Staton		Case number (if known)	
4.1	Americollect Inc	Last 4 digits of account number	993H	\$668.00
1	Nonpriority Creditor's Name 1851 S Alverno Road	When was the debt incurred?	Opened 05/19	φσσσσσ
	Manitowoc, WI 54221  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other. Specify	account for Emergency Group	
4.1	Americollect Inc	Last 4 digits of account number	9931	\$668.00
	Nonpriority Creditor's Name  P.o. Box 1654  Crean Roy, WI 54304	When was the debt incurred?	Opened 05/19	
	Green Bay, WI 54301  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,	or onest an anat appry	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other Specify Collection a Resources	account for Emergency Group	
4.1	Americollect Inc	Last 4 digits of account number	993 <i>J</i>	\$499.00
	Nonpriority Creditor's Name  1851 S Alverno Road	When was the debt incurred?	Opened 05/19	
	Manitowoc, WI 54221  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam'r	3. Oncok all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Collection and Other. Specify Resources	account for Emergency Group	

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Nathaniel Montrail Staton		Case number (if known)	
Americollect Inc	Last 4 digits of account number	5855	\$452.00
Nonpriority Creditor's Name  1851 S Alverno Road	When was the debt incurred?	Opened 06/17	<u> </u>
Manitowoc, WI 54221  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
_ 110		account for Emergency	
Yes	Other. Specify Resources	Group	
Americollect Inc	Last 4 digits of account number	4357	\$439.0
Nonpriority Creditor's Name			
1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Collection	account for Mbb Radiology	
Americollect Inc	Last 4 digits of account number	9316	\$439.0
Nonpriority Creditor's Name 1851 S Alverno Road	When was the debt incurred?	Opened 06/18	·
Manitowoc, WI 54221  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No No	Debts to pension or profit-sharing		
□Yes	■ Other, Specify Collection	account for Mbb Radiology	

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Debto	Nathaniel Montrail Staton		Case number (if known)	
4.1	Americollect Inc	Last 4 digits of account number	8159	\$436.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify <b>Collection</b>	account for Mbb Radiology	
4.1 8	Americollect Inc	Last 4 digits of account number	8160	\$151.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Collection	account for Mbb Radiology	
4.1 9	Americollect Inc  Nonpriority Creditor's Name	Last 4 digits of account number	4358	\$113.00
	1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other, Specify Collection	account for Mbb Radiology	

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Debto	Nathaniel Montrail Staton		Case number (if known)	
4.2	Americollect Inc	Last 4 digits of account number	161B	\$105.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify <b>Collection</b>	account for Mbb Radiology	
4.2 1	Americollect Inc	Last 4 digits of account number	7198	\$105.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Collection	account for Mbb Radiology	
4.2	Americollect Inc  Nonpriority Creditor's Name	Last 4 digits of account number	6672	\$105.00
	1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other, Specify Collection	account for Mbb Radiology	

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Debto	Nathaniel Montrail Staton		Case number (if known)	
4.2	Americollect Inc	Last 4 digits of account number	7197	\$62.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 02/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify <b>Collection</b>	account for Mbb Radiology	
4.2	Ars Account Resolution	Last 4 digits of account number	2733	\$537.00
	Nonpriority Creditor's Name 1643 Nw 136 Ave Bld H St Sunrise, FL 33323	When was the debt incurred?	Opened 02/19	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Collection	Attorney Inpt Consit Of Fi	
4.2 5	Ars Account Resolution  Nonpriority Creditor's Name	Last 4 digits of account number	2734	\$284.00
	1643 Nw 136 Ave Bld H St Sunrise, FL 33323	When was the debt incurred?	Opened 02/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other, Specify Collection	account for Inpt ConsIt Of FI	

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Nathaniel Montrail Staton		Case number (if known)	
Ars Account Resolution	Last 4 digits of account number	2735	\$191.00
Nonpriority Creditor's Name 1643 Nw 136 Ave Bld H St Sunrise, FL 33323	When was the debt incurred?	Opened 02/19	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Collection	account for Inpt Consit Of Fi	
Ars Account Resolution	Last 4 digits of account number	2736	\$191.00
Nonpriority Creditor's Name 1643 Nw 136 Ave Bld H St Sunrise, FL 33323	When was the debt incurred?	Opened 02/19	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes		account for Inpt Consit Of Fi	
Awa Collections	Last 4 digits of account number	7683	\$213.00
Nonpriority Creditor's Name			Ψ=10.00
P O Box 6605	When was the debt incurred?	Opened 11/18	
Orange, CA 92867  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	, to or the date you me, the claim	o. Onook all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharir	a plans, and other similar dobts	
■ NO			
☐ Yes	Other. Specify Sycs-South	account for Hni Medical	

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Nathaniel Montrail Staton	Case number (if known)	
Awa Collections	Last 4 digits of account number 0999	\$147.00
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ1-11.00
P O Box 6605	When was the debt incurred? Opened 11/17	
Orange, CA 92867	As at the date way file the plaint is Obsalt all that sank	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	Continued.	
_	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt		
ls the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
	Collection account for Hni Medical	
Yes	Other. Specify Svcs-Southside	
Bank Of America		Unknown
Nonpriority Creditor's Name	Last 4 digits of account number	Ulikilowi
Po Box 982238	When was the debt incurred?	
El Paso, TX 79998 Number Street City State Zip Code	As of the date year file, the plains in Observal, all that are le	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Continued.	
<u> </u>	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community	_ *****	
s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify unsecured credit line	
		4
Charlie	Last 4 digits of account number	\$1,500.00
Nonpriority Creditor's Name 8192 Trafalgar Square	When was the debt incurred?	
Jacksonville, FL 32217		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify unsecured credit line	

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ebtor 1 Nathaniel Montrail Staton		Case number (if known)	
Chaine Because v		2240	¢4 252 00
Choice Recovery  Nonpriority Creditor's Name	Last 4 digits of account number	3219	\$1,252.00
1550 Old Henderson Rd St	When was the debt incurred?	Opened 04/19	
Columbus, OH 43220			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
<u> </u>			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	i claim:	
☐ Check if this claim is for a community debt	_		
Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify  Collection a  Care Grou	account for St Lukes Emergency	
Choice Recovery	Last 4 digits of account number	4233	\$1,107.00
Nonpriority Creditor's Name 1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 09/18	
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Care Grou	account for St Lukes Emergency	
Choice Recovery	Last 4 digits of account number	4309	\$986.00
Nonpriority Creditor's Name 1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 04/18	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Collection a  Other. Specify Care Grou	account for St Lukes Emergency	

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ebto	<sup>1</sup> Nathaniel Montrail Staton		Case number (if known)	
3	Choice Recovery	Last 4 digits of account number	1030	\$986.00
	Nonpriority Creditor's Name 1550 Old Henderson Rd St	When was the debt incurred?	Opened 05/18	4000100
	Columbus, OH 43220  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	d dam.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
	<b>—</b> No		account for St Lukes Emergency	
	Yes	Other. Specify Care Grou	account for St Lukes Emergency	
	Choice Recovery	Last 4 digits of account number	8473	\$471.00
_	Nonpriority Creditor's Name			Ψ
	1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 03/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Collection	account for Baptist Primary Care	
1	Choice Recovery	Last 4 digits of account number	8476	\$348.0
J	Nonpriority Creditor's Name 1550 Old Henderson Rd St	When was the debt incurred?	Opened 03/17	·
	Columbus, OH 43220  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Continuent		
		☐ Contingent		
	Debtor 2 and Debtor 2 and	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	u Juiiii	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes		account for Baptist Primary Care	
	<b></b> 1€3	Utner, Specify	account for bapaser filliary care	

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Nathaniel Montrail Staton		Case number (if known)	
Choice Recovery	Last 4 digits of account number	8477	\$348.00
Nonpriority Creditor's Name 1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 03/17	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐Yes	Other. Specify Collection	account for Baptist Primary Care	
Choice Recovery	Last 4 digits of account number	8474	\$180.00
Nonpriority Creditor's Name 1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 03/17	
lumber Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐Yes	■ Other. Specify Collection	account for Baptist Primary Care	
Choice Recovery	Last 4 digits of account number	8472	\$180.00
Nonpriority Creditor's Name 1550 Old Henderson Rd St	When was the debt incurred?	Opened 03/17	,
Columbus, OH 43220 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?		aration agreement or divorce that you did not	
s the claim subject to onset?	report as priority claims  Debts to pension or profit-sharin	og plans, and other similar debts	
☐ Yes	Other Specify Collection	account for Baptist Primary Care	

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Debtor	Nathaniel Montrail Staton		Case number (if known)	
4.4	Choice Recovery	Last 4 digits of account number	8475	\$178.00
<u>'</u>	Nonpriority Creditor's Name 1550 Old Henderson Rd St Columbus, OH 43220	When was the debt incurred?	Opened 03/17	<u> </u>
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	account for Baptist Primary Care	
4.4	Collect Assosiates	Last 4 digits of account number	9824	\$1,708.00
	Nonpriority Creditor's Name  Po Box 465  Brookfield, WI 53008	When was the debt incurred?	Opened 6/20/18	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Collection Anesthesia	account for North Florida Con	
4.4	Commonwealth Financial	Last 4 digits of account number	49N1	\$97.00
	Nonpriority Creditor's Name  245 Main St  Dickson City, PA 18519	When was the debt incurred?	Opened 11/18	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Collection Medical Gr	account for One Hampton oup	

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Nathaniel Montrail Staton		Case number (if known)	
Commonwealth Financial	Last 4 digits of account number	56N1	\$65.00
Nonpriority Creditor's Name  245 Main St	When was the debt incurred?	Opened 11/18	φοσιου
Dickson City, PA 18519	mon was the assemblanea.	Opened 17/10	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
		account for One Hampton	
☐ Yes	Other. Specify Medical Gr	oup	
Deborah Edgerton	Last 4 digits of account number		\$1,000.00
Nonpriority Creditor's Name			Ψ1,000.00
18444 Beazy Lane Milford, VA 22514	When was the debt incurred?		
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
_	☐ Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	og plans, and other similar debts	
□ Yes	Other. Specify credit line		
D (015 1/ . III M		4040	
Dept Of Ed/sallie Mae	Last 4 digits of account number		Unknowr
Nonpriority Creditor's Name <b>Po Box 9635</b>	When was the debt incurred?	Opened 10/12/07	
Wilkes Barre, PA 18773			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
$\square$ Check if this claim is for a community	Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	☐ Other. Specify		

Student Loans

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Debto	Nathaniel Montrail Staton		Case number (if known)	
4.4	First Premier Bank	Last 4 digits of account number	2148	\$309.00
	Nonpriority Creditor's Name 3820 N Louise Ave Sioux Falls, SD 57107	When was the debt incurred?	Opened 12/12	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify unsecured	credit line	
4.4	Larry Ton	Last 4 digits of account number		\$1,600.00
	Nonpriority Creditor's Name 2609 Amherst Ridge way South Chesterfield, VA 23834	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify <b>credit line</b>		
4.4 9	Navy Federal Credit Union  Nonpriority Creditor's Name	Last 4 digits of account number		Unknown
	820 Follin Lane Se Vienna, VA 22180	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other, Specify unsecured		
	<b>□</b> 162	Other, Specify unsecured	oreart lille	

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Nathaniel Montrail Staton		Case number (if known)	
Profburcol	Last 4 digits of account number	5610	\$2,589.00
Nonpriority Creditor's Name 5295 Dtc Parkway	When was the debt incurred?	Opened 2/27/19	Ψ2,000.00
Greenwood Village, CO 80111  Number Street City State Zip Code		South and all that are the	
Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск ан tnat apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Collection	account for Verizon	
Progressive Leasing	Last 4 digits of account number		\$500.00
Nonpriority Creditor's Name			700000
256 W. Data Drive	When was the debt incurred?		
<b>Draper, UT 84020</b> Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	,,,,,,	on one and apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify unsecured	credit line	
Sca	Last 4 digits of account number	6702	\$675.00
Nonpriority Creditor's Name	_		
P O Box 910 Edenton, NC 27932	When was the debt incurred?	Opened 10/17/17	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Collection a Colle	account for Jacksonville Fire	

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Nathaniel Montrail Staton		Case number (if known)	
Sca	Last 4 digits of account number	6701	\$655.00
Nonpriority Creditor's Name P O Box 910	When was the debt incurred?	Opened 10/17/17	φοσοίο.
Edenton, NC 27932  Number Street City State Zip Code	As of the date you file, the claim		
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure		
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not		
No	report as priority claims  Debts to pension or profit-sharing	ng plane, and other similar debts	
■ No		account for Jacksonville Fire	
☐ Yes	Other. Specify  Rescue	account for Jacksonville Fire	
Sca Collections	Last 4 digits of account number	6701	\$805.00
Nonpriority Creditor's Name	Last 4 digits of account number		φοσο.στ
P O Box 910	When was the debt incurred?	Opened 1/23/18	
Edenton, NC 27932  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.		,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify		
SunTrust Bank	Last 4 digits of account number		Unknown
Nonpriority Creditor's Name 303 Peachtree Street Northwest Atlanta, GA 30309	When was the debt incurred?		
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other Specify unsecured		
<b>—</b> 153	inter Specify Uligeruleu	Or Cart IIIIC	

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Debioi	Nathaniei Wontrali Staton	Case number (if known)			
4.5 6	Wells Fargo	Last 4 digits of account number	Unknown		
Nonpriority Creditor's Name  420 Montgomery St		When was the debt incurred?			
	San Francisco, CA 94108  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	The of the date year me, the claim is. Oncok an that apply			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans		☐ Disputed			
		Type of NONPRIORITY unsecured claim:			
		☐ Student loans			
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify unsecured credit line	_		
4.5	Woodforest National Bank	Last 4 digits of account number	Unknown		
Nonpriority Creditor's  4250 Philips Hi	Nonpriority Creditor's Name	When was the debt incurred?			
	Jacksonville, FL 32207		_		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community ☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts			
	No				
	Yes	Other. Specify unsecured credit line			
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed			
is try	ng to collect from you for a debt you owe to s	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For exam tomeone else, list the original creditor in Parts 1 or 2, then list the collection agenc at you listed in Parts 1 or 2, list the additional creditors here. If you do not have ac or submit this page.	y here. Similarly, if you		
	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
	U-Verse ox 5014	Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Cla			
	Stream, IL 60197-5014	■ Part 2: Creditors with Nonpriority Unsecured	l Claims		
	•	Last 4 digits of account number			
Name a	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
Bank of America Line		Line <u>4.30</u> of (Check one): □ Part 1: Creditors with Priority Unsecured Cla	, ,		
100 North Tyren St Charlotte, NC 28255		■ Part 2: Creditors with Nonpriority Unsecured	l Claims		
Criari	olle, NC 20255	Last 4 digits of account number			
Name a	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
	st Primary Care	Line <u>4.37</u> of (Check one): □ Part 1: Creditors with Priority Unsecured Cla	aims		
	nt Financial ox 45443	■ Part 2: Creditors with Nonpriority Unsecured	l Claims		
	ake City, UT 84145-0443				
=		Last 4 digits of account number			
Name a	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
Emer	gency Resources Group	Line <u>4.4</u> of ( <i>Check one</i> ):	aims		
820 P	rudential Dr. #713	Part 2: Creditors with Nonpriority Unsecured	l Claims		

Official Form 106 E/F

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Debtor 1 Nathaniel Montrail Staton	Case number (if known)
Jacksonville, FL 32207	Last 4 digits of account number
Name and Address HNI Healthcare Inc. Patient Billing 7500 Rialto Blvd Ste. 140	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Austin, TX 78735	Last 4 digits of account number
Name and Address Inpatient Consultant of Florida 1700 N. McCullen Booth, Ste. D1 Clearwater, FL 33759-2129	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.24 of (Check one):
	Last 4 digits of account number
Name and Address Jacksonville Fire and Rescue Patient Billing 515 N. Julia St. Jacksonville, FL 32202	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.54 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Jacksonville Fire and Rescue Patient Billing 515 N. Julia St. Jacksonville, FL 32202	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.52 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Jacksonville Fire and Rescue Patient Billing 515 N. Julia St. Jacksonville, FL 32202	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.53 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address  MBB Radiology  Patient Financials 3599 University Blvld., Ste.300  Jacksonville, FL 32216	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
MBB Radiology Patient Financials 3599 University Blvld., Ste.300 Jacksonville, FL 32216	Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Navy Federal Po Box 23602 Merrifield, VA 22119	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.49 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address North Florida Anesthesia Consult Patient Billing MSC#662 Po Box 830529 Birmingham, AL 35283	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.42 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address One Hampton Medical Patient Financials 13700 St. Fransic Blvd	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.43 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

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Debtor 1 Nathaniel Montrail Staton		Case number (if known)				
Midlothian, VA 23114	Last 4 digits of account number					
	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
St. Luke's	Line <u>4.32</u> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
Patient Billing Po Box 640		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Boise, ID 83701	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
St. Vincent Hospital	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
Patient Financial Services Po Box 13508		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Green Bay, WI 54307-3508						
•	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
Wells Fargo	Line <b>4.56</b> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
Po Box 51193 Los Angeles, CA 90051-5493		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Los Angeles, OA 30001 0433	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
Woodforest National Bank	Line <u>4.57</u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims				
Customer Service Po Box 7889		■ Part 2: Creditors with Nonpriority Unsecured Claims				
The Woodlands, TX 77387-7889						
	Last 4 digits of account number					

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Γotal claims				
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
-4-1	6f.	Student loans	6f.	\$ 0.00
otal laims				
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 39,250.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 39,250.00

Fill in this infor	Fill in this information to identify your case:						
Debtor 1 Nathaniel Montrail Staton							
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	FLORIDA				
Case number							
(if known)		<u> </u>					

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for				
2.1	Charlie 8192 Trafalgar Square Jacksonville, FL 32217	rental of home - rejection of lease				
2.2	Deborah Edgerton 18444 Beazy Lane Milford, VA 22514	rental on home - rejection of lease				
2.3	Larry Ton 2609 Amherst Ridge way South Chesterfield, VA 23834	Rental on Home - rejection of lease				
2.4	Nathaniel & Pamela Staton 8192 Trafalgar Square Jacksonville, FL 32217	Rental of Home - assume of lease				

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Fill in this	information to identify yo	ur case:			
Debtor 1	Nathaniel Mon	trail Staton			
Dalatano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the	e: MIDDLE DISTRICT OF	FLORIDA		
Case num	ber				☐ Check if this is an amended filing
	l Form 106H Iule H: Your Co	debtors			12/15
people are fill it out, a your name	filing together, both are e ind number the entries in t and case number (if know	qually responsible for sup	plying correct informat h the Additional Page t i.	ion. If more space is ne o this page. On the top	te as possible. If two married reded, copy the Additional Page, of any Additional Pages, write
1. 50	you have any codebiors:	(ii you are illing a joint case,	do not list either spouse	as a codebior.	
■ No □ Yes	3				
Arizon  No.	na, California, Idaho, Louisia Go to line 3.	you lived in a community properties of the prope	uerto Rico, Texas, Wash		states and territories include
in line Form	e 2 again as a codebtor on	ly if that person is a guarar	ntor or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State an	d ZIP Code		Column 2: The cred Check all schedules	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, lir	
	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line☐ Schedule E/F, lir	ne
	Number Street City	State	ZIP Code	_	

Fill	in this information to identify your ca	ase:			•				
Del	otor 1 Nathaniel M	ontrail Staton							
	otor 2 ouse, if filing)								
Uni	ted States Bankruptcy Court for the	: MIDDLE DISTRICT O	F FLORIDA						
	se number 				□ A				
0	fficial Form 106l				N	1M / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing wi	ng jointly, and your spo ith you, do not include	ouse is li informat	ving with ion abou	you, incl t your spo	ude informa ouse. If mor	ation abo e space i	ut your s needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-fili	ng spous	e
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			☐ Emple	•		
	employers.	Occupation	Personal Trainer						
	Include part-time, seasonal, or self-employed work.	Employer's name	HGS						
	Occupation may include student or homemaker, if it applies.	Employer's address	680 South Point Pl Jacksonville, FL 3						
		How long employed to	here? 4 months			_			
Pai	Tt 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to repo	rt for any	line, write	e \$0 in the	space. Inclu	ude your r	non-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information fo	or all emp	loyers for	that perso	on on the line	es below.	If you need
					For Del	otor 1	For Debt non-filin	tor 2 or g spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$	2	,710.76	\$	N/A	4_
3.	Estimate and list monthly overt	ime pay.		3. +\$	i	0.00	+\$	N/A	<u>4</u>

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

4. \$ **2,710.76** 

N/A

Deb	tor 1	Nathaniel Montrail Staton		Ca	ase number ( <i>if kr</i>	nown)				
				F	For Debtor 1		For D	ebtor 2	or	
	Con	by line 4 here	4.	9	\$ 2,710	76	non-f	iling sp	ouse N/A	
	COL	y line 4 nere	4.	4	2,710	7.70	Ψ		N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	§ 187	7.65	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		·	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	,		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	,		0.00	\$		N/A	
	5e.	Insurance	5e.		. —	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.	9	·	0.00	\$		N/A	
	5g. 5h.	Union dues Other deductions. Specify: LTD	5g. 5h.			0.00 0.76	, <u>\$</u>		N/A N/A	
	JII.	STD	_ 311.			7.14	τ ֆ		N/A N/A	
		Medical	_			2.90	\$		N/A N/A	
		FSA	_			7.34	\$		N/A	
		Vision	_	9		3.46	\$		N/A	
6.	۸۵۵	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$		9.25	\$		N/A	
			7.	Ţ.	-				-	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	۲.	\$	2,241	1.51	\$		N/A	
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	9	r	2.00	¢		A1/A	
	8b.	monthly net income. Interest and dividends	8a. 8b.	,	·	0.00	\$		N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	ob.	4	, <u> </u>	<i></i>	Ψ		N/A	
		settlement, and property settlement.	8c.		·	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.			0.00	\$		N/A	
	8e.	Social Security	8e.	4	\$ <b>(</b>	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	9	\$ <b>(</b>	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	9	\$ (	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h.	+ \$	\$	0.00	+ \$		N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	(	0.00	\$		N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	<b>.</b>	2,241.51	+ \$_		N/A	= \$	2,241.51
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper					hedule . 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	2,241.51
13.	Do :	you expect an increase or decrease within the year after you file this form?	?						Combin monthly	ed / income
		No.								

Filli	n this information to identify your case:				
Debt			Che	eck if this is:	
				An amended filing	
Debt (Spo	or 2use, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unite	ed States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			MM / DD / YYYY	
	e number				
Of	ficial Form 106J				
Sc	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people are filing mation. If more space is needed, attach another sheet to this form the heart (if known). Answer every question.  Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?				
	<ul><li>□ No</li><li>□ Yes. Debtor 2 must file Official Form 106J-2, Expenses for S</li></ul>	Separate Household o	of Del	btor 2.	
2.	Do you have dependents? ■ No				
		ependent's relationshi ebtor 1 or Debtor 2	p to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				Yes
					□ No □ Yes
	_				☐ Yes
					☐ Yes
	<del>-</del>				□ No
	_				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
	yourself and your dependents?				
exp	Estimate Your Ongoing Monthly Expenses mate your expenses as of your bankruptcy filing date unless you a enses as of a date after the bankruptcy is filed. If this is a supplementable date.				
the	ude expenses paid for with non-cash government assistance if you value of such assistance and have included it on <i>Schedule I: Your</i> icial Form 106l.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. Include	de first mortgage			600.00
	payments and any rent for the ground or lot.		4.	<b>D</b>	000.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	·	0.00
	4b. Property, homeowner's, or renter's insurance		4b.		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.		0.00
5.	<ol> <li>Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as home experience.</li> </ol>	equity loans	4d. 5.	•	<u> </u>
◡.		quity lourid	٥.	₩	0.00

# Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 44 of 65

Debtor 1	Nathanie	el Montrail Staton	Case num	nber (if known)	
11471	ities:				
6. <b>Util</b> i 6a.		heat, natural gas	6a.	\$	0.00
6b.	-	wer, garbage collection	6b.		0.00
				· · · · · · · · · · · · · · · · · · ·	
6c.	•	e, cell phone, Internet, satellite, and cable services	6c.	*	45.00
6d.	Other. Spe		6d.	·	0.00
		ekeeping supplies	7.		500.00
Chi	ldcare and c	children's education costs	8.		0.00
. Clo	thing, laund	ry, and dry cleaning	9.	\$	0.00
O. Per	sonal care p	products and services	10.	\$	0.00
1. Med	dical and de	ntal expenses	11.	\$	280.00
	nsportation. not include ca	Include gas, maintenance, bus or train fare.	12.	\$	100.00
			13.		
		clubs, recreation, newspapers, magazines, and books			100.00
		ributions and religious donations	14.	Ф	200.00
	urance.	anness deducted from the second			
		surance deducted from your pay or included in lines 4 or 20.	4.7 -	<b>c</b>	2.22
	. Life insura		15a.	·	0.00
	. Health ins		15b.	· -	0.00
	. Vehicle ins		15c.	· <u> </u>	0.00
15d	. Other insu	rance. Specify:	15d.	\$	0.00
6. <b>Tax</b>	es. Do not in	clude taxes deducted from your pay or included in lines 4 or 2			
	cify:		16.	\$	0.00
		ease payments:	47-	•	
		ents for Vehicle 1	17a.	· : ———	0.00
		ents for Vehicle 2	17b.	·	0.00
	. Other. Spe		17c.	· -	0.00
	. Other. Spe	•	17d.	\$	0.00
		of alimony, maintenance, and support that you did not re your pay on line 5, Schedule I, Your Income (Official Form		\$	400.00
		s you make to support others who do not live with you.	1001).	\$	0.00
	ecify:	s you make to support others who do not live with you.	19.	·	0.00
		erty expenses not included in lines 4 or 5 of this form or o			
		s on other property	20a.		0.00
	. Real estat	• • •	20b.	·	0.00
				· -	
		homeowner's, or renter's insurance	20c.	· <u> </u>	0.00
		nce, repair, and upkeep expenses	20d.	·	0.00
		er's association or condominium dues	20e.	· -	0.00
. Oth	er: Specify:		21.	+\$	0.00
2. <b>Cal</b>	culate your	monthly expenses			
	. Add lines 4			\$	2,225.00
		2 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	_,
			<b></b>	·	2 225 22
		a and 22b. The result is your monthly expenses.		\$	2,225.00
3. <b>Cal</b>	culate your i	monthly net income.		,	
23a	. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	2,241.51
23b	. Copy your	monthly expenses from line 22c above.	23b.	-\$	2,225.00
23c		our monthly expenses from your monthly income. is your monthly net income.	23c.	\$	16.51
	THE result	youonany normoonio.		L	
		an increase or decrease in your expenses within the year			
		ou expect to finish paying for your car loan within the year or do you ex terms of your mortgage?	pect your mortgage	payment to increas	e or decrease because of a
		terms or your moregage:			
	res.	Explain here:			

Fill in this informa	ation to identify your	case:			
Debtor 1	Nathaniel Montra	l Staton			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	cruptcy Court for the:	MIDDLE DISTRICT (	OF FLORIDA		
Case number					☐ Check if this is an amended filing
Official Form		n Individus	al Debtor's So	chedules	12/15
Declaration	on About a	II IIIdi vidae	ai Debtoi 3 Ot	<u> </u>	12/15
If two married peo	ple are filing together	, both are equally res	ponsible for supplying co	rrect information.	
obtaining money of	or property by fraud ir U.S.C. §§ 152, 1341, 1	connection with a ba			ement, concealing property, or 00, or imprisonment for up to 20
Did you pay	or agree to pay some	one who is NOT an at	torney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes. Na	me of person				akruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	of perjury, I declare rue and correct.	that I have read the su	ummary and schedules fil	ed with this declarati	on and
X /s/ Natha	aniel Montrail Stato	n	X		
Nathanie	el Montrail Staton of Debtor 1		Signature o	f Debtor 2	
Date <u>Ju</u>	ıly 21, 2019		Date		

31	I in this inforn	nation to identify you	r case:			
De	ebtor 1	Nathaniel Montr				
De	ebtor 2	First Name	Middle Name	Last Name		
1 -	ouse if, filing)	First Name	Middle Name	Last Name		
Ur	ited States Bai	nkruptcy Court for the:	MIDDLE DISTRICT OF F	LORIDA		
Ca	ise number					
(if k	nown)				-	Check if this is an mended filing
0	fficial Fo	<u>rm 107</u>				
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
info	ormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you	
Pa	rt 1: Give D	etails About Your Ma	nrital Status and Where You	ı Lived Before		
1.	What is you	current marital statu	ıs?			
	<ul><li>□ Married</li><li>■ Not mar</li></ul>	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ N.					
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	J.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3. sta					ity property state or territory	
	■ N:				•	
	■ No □ Yes. Ma	ike sure vou fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
			roudio i in i cun ocucono (o			
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No					
		in the details.				
	100.1	in the detaile.				
			Debtor 1	Cross income	Debtor 2	Cress income
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$16,961.49	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc	apply. (befo	ss income ore deductions exclusions)	
For last caler (January 1 to			Wages, commissions, conuses, tips	\$0.00	☐ Wages, combonuses, tips	nmissions,	,	
		[	☐ Operating a business		☐ Operating a	business		
For the calen (January 1 to		21 2017 )	■ Wages, commissions, conuses, tips	\$0.00	☐ Wages, combonuses, tips	nmissions,		
		[	☐ Operating a business		Operating a	business		
■ No □ Yes.	Fill in the de		lehtor 1		Debtor 2			
_	Fill in the de	D	ebtor 1 ources of income	Gross income from	Debtor 2 Sources of inc	come Gro	ss income	
		D	escribe below.	each source (before deductions and exclusions)	Describe below	(	ore deductions exclusions)	
Part 3: Lis	t Certain Pa	yments You Ma	ade Before You Filed for E	3ankruptcy				
6. Are eithe ☐ No.	Neither De individual p	btor 1 nor Deb rimarily for a pe 90 days before Go to line 7. List below eac	ersonal, family, or househol	mer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,825* or more i	of \$6,825* or mo	re? /ments and the total	amount you	
	* Subject	not include pa	yments to an attorney for th n 4/01/22 and every 3 years		or after the date o	• • •	iony. Also, do	
■ Yes.	Debtor 1 o	not include pa o adjustment or r Debtor 2 or b	n 4/01/22 and every 3 years both have primarily consu	nis bankruptcy case. s after that for cases filed on		of adjustment.	nony. Also, do	
■ Yes.	Debtor 1 of During the	not include pa o adjustment or r Debtor 2 or b	n 4/01/22 and every 3 years both have primarily consu	nis bankruptcy case. s after that for cases filed on mer debts.		of adjustment.	iony. Also, do	
■ Yes.	Debtor 1 of During the	not include pa o adjustment or r Debtor 2 or b 90 days before Go to line 7. List below eac include payme	n 4/01/22 and every 3 years  noth have primarily consu  you filed for bankruptcy, did  th creditor to whom you paid	nis bankruptcy case. s after that for cases filed on mer debts.	of \$600 or more?	of adjustment.	or. Do not	
	Debtor 1 of During the	not include pa o adjustment or r Debtor 2 or b 90 days before Go to line 7. List below ead include payme attorney for the	n 4/01/22 and every 3 years both have primarily consulus you filed for bankruptcy, did the creditor to whom you paid ents for domestic support of 1/2 2/2 2/2 2/2 2/2 2/2 2/2 2/2 2/2 2/2	nis bankruptcy case. s after that for cases filed on mer debts. d you pay any creditor a total d a total of \$600 or more and oligations, such as child supp	of \$600 or more?	of adjustment.	or. Do not payments to a	

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Nathaniel & Pamela Staton 8192 Trafalgar Square Jacksonville, FL 32217	July 2019 June 2019 May 2019	\$1,800.00	\$0.00	<ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>■ Other _rent_</li> </ul>

Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
	Child Support - Florida Dept. of Revenue	July 2019 June 2019 May 2019	\$1,200.00	Unknown	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ■ Other <u>C</u>	ard payment
7.	Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general pof which you are an officer, director, person is a business you operate as a sole proprietor. alimony.	partners; relatives of any gen n control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a genera iny managing a	al partner; corporation agent, including one fo
	No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co	<i></i>	ments or transfer a	any property on a	account of a d	ebt that benefited ar
	No					
	Yes. List all payments to an insider	Dates of navment	Total amount	Amount you	Reason for	this navment
	_ 110	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Pa	Yes. List all payments to an insider	. ,		•		
<b>Pa</b> 9.	☐ Yes. List all payments to an insider  Insider's Name and Address	ons, and Foreclosures	paid ny lawsuit, court ac	still owe	Include cred	litor's name
	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No	ons, and Foreclosures	paid ny lawsuit, court ac	still owe	Include cred	litor's name
	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details. Case title	ons, and Foreclosures	paid ny lawsuit, court ac	still owe	Include cred	litor's name ling? t or custody
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number	ons, and Foreclosures otcy, were you a party in any cases, small claims action	paid  ny lawsuit, court ac is, divorces, collection  Court or agency	still owe	rative proceed actions, suppor	litor's name ling? It or custody
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details. Case title	ons, and Foreclosures of the case Nature of the case of the cy, was any of your prop	paid  ny lawsuit, court ac is, divorces, collection  Court or agency	still owe	rative proceed actions, suppor	litor's name ling? It or custody
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  Within 1 year before you filed for bankrup	ons, and Foreclosures of the case Nature of the case of the cy, was any of your prop	paid  ny lawsuit, court ac is, divorces, collection  Court or agency	still owe	rative proceed actions, suppor	litor's name ling? It or custody
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  Within 1 year before you filed for bankrup Check all that apply and fill in the details belo	ons, and Foreclosures of the case Nature of the case of the cy, was any of your prop	paid  ny lawsuit, court ac is, divorces, collection  Court or agency	still owe	rative proceed actions, suppor	litor's name ling? It or custody
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  Within 1 year before you filed for bankrup Check all that apply and fill in the details below	ons, and Foreclosures of the case Nature of the case of the cy, was any of your prop	paid  ny lawsuit, court ac is, divorces, collection  Court or agency	still owe	rative proceed actions, suppor	litor's name ling? t or custody  e case d, seized, or levied?  Value of the
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injuring modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  Within 1 year before you filed for bankrup Check all that apply and fill in the details below.  No. Go to line 11. Yes. Fill in the information below.	ons, and Foreclosures  otcy, were you a party in any cases, small claims action  Nature of the case  otcy, was any of your propow.	paid  ny lawsuit, court ac is, divorces, collection  Court or agency erty repossessed, f	still owe	rative proceed actions, suppor	litor's name ling? It or custody  ne case d, seized, or levied?
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injuring modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  Within 1 year before you filed for bankrup Check all that apply and fill in the details below.  No. Go to line 11. Yes. Fill in the information below.	ons, and Foreclosures oftcy, were you a party in any cases, small claims action  Nature of the case oftcy, was any of your propow.  Describe the Property	paid  ny lawsuit, court ac is, divorces, collection  Court or agency erty repossessed, f	still owe	rative proceed actions, suppor	litor's name ling? t or custody  e case d, seized, or levied?  Value of the
9.	Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossessic Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  Within 1 year before you filed for bankrup Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.  Creditor Name and Address	ons, and Foreclosures oftcy, were you a party in any cases, small claims action  Nature of the case oftcy, was any of your propow.  Describe the Property Explain what happene	paid  ny lawsuit, court ac is, divorces, collection  Court or agency  erty repossessed, for  d  essed. sed.	still owe	rative proceed actions, suppor	litor's name ling? t or custody  de case d, seized, or levied?  Value of the property

Debtor 1 Nathaniel Montrail Staton

Case number (if known)

11.	Within 90 days before you filed for bank accounts or refuse to make a payment border No  ☐ Yes. Fill in the details.		did any creditor, including a bank or financial in you owed a debt?	stitution, set off any	amounts from your			
	Creditor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount			
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o  ■ No □ Yes		as any of your property in the possession of an er official?	assignee for the ben	efit of creditors, a			
Par	t 5: List Certain Gifts and Contribution	าร						
13.	Within 2 years before you filed for banks  ■ No □ Yes. Fill in the details for each gift.	ruptcy, c	lid you give any gifts with a total value of more t	han \$600 per person	?			
	Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and		Describe the gifts	Dates you gave the gifts	Value			
	Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  ■ Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value			
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankru or gambling?  No Yes. Fill in the details.	iptcy or	since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster			
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost			
Par	t 7: List Certain Payments or Transfer	s						
	Within 1 year before you filed for bankru consulted about seeking bankruptcy or	ıptcy, di preparir	d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require		erty to anyone you			
	No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
	Tony Turner 630 Kingsley Ave. Orange Park, FL 32073 tonyturnerlaw@gmail.com		\$1500.00 for Chapter 7 Attorney fees \$335.00 for Chapter 7 Court filing fees	July 2019	\$1,835.00			

Debtor 1 Nathaniel Montrail Staton

Debtor 1 Nathaniel Montrail Staton

Case number (if known)

17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors  Do not include any payment or transfer that you li  No  Yes. Fill in the details.	or to make payments			transfer any propert	y to anyone who
	Person Who Was Paid Address	Description and va transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers madinclude gifts and transfers that you have already INO  Yes. Fill in the details.  Person Who Received Transfer	siness or financial affa e as security (such as th	irs? ne granting of a se	ecurity interest		
	Address Person's relationship to you	property transferre			eceived or debts	made
		years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar dev y? (These are often called asset-protection devices.)  Fill in the details.				f which you are a
	Name of trust	Description and va	alue of the prope	erty transferre	d	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Stor	age Units		
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa ■ No □ Yes. Fill in the details.	other financial accoun	ts; certificates o	of deposit; sha	•	, ,
		Last 4 digits of account number	Type of accoun instrument	clos	e account was sed, sold, red, or sferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yeacash, or other valuables?	ar before you filed for	bankruptcy, any	safe deposit	box or other deposit	ory for securities,
	Yes. Fill in the details.  Name of Financial Institution	Who else had acco	ess to it?	escribe the c	ontents	Do you still
	Address (Number, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)			omonio	have it?
22.	Have you stored property in a storage unit or  No Yes. Fill in the details.	place other than your	home within 1 ye	ear before you	ı filed for bankruptcy	?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the c	ontents	Do you still have it?

Debtor 1 Nathaniel Montrail Staton

Case number (if known)

Pa	rt 9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	erty y	ou borrowed from, are storing fo	r, or hold in trust
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value
	Nathaniel & Pamela Staton 8192 Trafalgar Square Jacksonville, FL 32217		20	116 Toyota Corrolla - vehicle	\$0.00
Pa	rt 10: Give Details About Environmental Inform	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, grour	_	•	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	l law,	whether you now own, operate,	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		is wa	ste, hazardous substance, toxic	substance,
Rep	port all notices, releases, and proceedings that y	ou know about, regardless of whe	en the	ey occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liabl	e un	der or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State at ZIP Code)	nd	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any env	viron	mental law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Pa	rt 11: Give Details About Your Business or Cor	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny o	f the following connections to an	y business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, eith	ner full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partners	hip (I	LLP)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing execu				
Offic	☐ An owner of at least 5% of the voting or sial Form 107 Statement	<ul> <li>equity securities of a corporatior</li> <li>of Financial Affairs for Individuals Filir</li> </ul>		Bankruptcy	page <b>6</b>
					paye (

Official Form 107

### Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 52 of 65

Debtor 1 Nathaniel Montrail Staton	Ca	se number (if known)
■ No. None of the above applies. Go to F	20rt 42	
Yes. Check all that apply above and fill	in the details below for each business.	
Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed
28. Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to a	nyone about your business? Include all financial
■ No		
Yes. Fill in the details below.		
Name	Date Issued	
Address (Number, Street, City, State and ZIP Code)	Date 133464	
Part 12: Sign Below		
	false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
/s/ Nathaniel Montrail Staton		
Nathaniel Montrail Staton	Signature of Debtor 2	
Signature of Debtor 1		
Date	Date	
Did you attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
■ No		
☐Yes		
Did you pay or agree to pay someone who is not	an attorney to help you fill out bankrupte	v forms?
■ No	, , , , , , , , , , , , , , , , , , ,	•
	ptcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

Fill in this infor	rmation to identify your	r case:		
Debtor 1	Nathaniel Montra	ail Staton		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRIC	CT OF FLORIDA	
Case number (if known)				☐ Check if this is an amended filing
Official Fo		on for Indiv	viduals Filing Under Chapt	er 7 12/15
creditors have least you must file th	ever is earlier, unless t	our property, or and the lease has r within 30 days after		
sign a	nd date the form.	ble. If more space i imber (if known).	oth are equally responsible for supplying correct is needed, attach a separate sheet to this form. On	
1. For any credit	tors that you listed in F		D: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
information b Identify the cr	reditor and the property	that is collateral	What do you intend to do with the property tha secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's name:			<ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a</li> </ul>	□ No □ Yes
Description of property securing debt			Reaffirmation Agreement.  □ Retain the property and [explain]:	<u> </u>
Creditor's			☐ Surrender the property.	□ No
name:  Description of	f		<ul><li>Retain the property and redeem it.</li><li>Retain the property and enter into a Reaffirmation Agreement.</li></ul>	☐Yes
property securing debt	t:		☐ Retain the property and [explain]:	_
Creditor's name:			☐ Surrender the property. ☐ Retain the property and redeem it.	□No
Description of	f		Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt	t:		☐ Retain the property and [explain]:	

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ No

# Case 3:19-bk-02748-JAF Doc 1 Filed 07/21/19 Page 54 of 65

Debtor 1	Nathanie	Montrail Staton	Case number (if known)	
name: Descrip	otion of		<ul> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> </ul>	□Yes
propert	ty		☐ Retain the property and [explain]:	
securin	ıg debt:			_
Part 2:	List Vour III	nexpired Personal Property	Lageac	
For any u	nexpired per ormation belo	sonal property lease that your control of the contr	ou listed in Schedule G: Executory Contracts and Unexpire asses. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2)	e lease period has not yet ended.
Describe	your unexpi	red personal property lease	es	Will the lease be assumed?
Lessor's r	name:	Charlie		■ No
				☐ Yes
Description Property:	on of leased	rental of home - rejection	on of lease	
Lessor's r	name:	Deborah Edgerton		■ No
				☐ Yes
Description Property:	on of leased	rental on home - rejecti	ion of lease	
Lessor's r	name:	Larry Ton		■ No
				☐ Yes
Description Property:	on of leased	Rental on Home - rejec	tion of lease	
Part 3:	Sign Below			
Under pei property t	nalty of perju	ry, I declare that I have indi tt to an unexpired lease.	icated my intention about any property of my estate that se	cures a debt and any personal
		ontrail Staton	XSignature of Debtor 2	
	haniel Mon ature of Debt	<b>trail Staton</b> or 1	Signature of Debtor 2	
Date	July 2	1, 2019	Date	

Till in this inf							
	ormation to identify your case:			neck on 2A-1St		irected in this form and	in Form
Debtor 1	Nathaniel Montrail Staton				арр.		
Debtor 2 (Spouse, if filing)				■ 1. T	here is no presi	umption of abuse	
	s Bankruptcy Court for the: Middle District of	Florida			applies will be m	o determine if a presur	
Case numbe	r				,	cial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Ch	eck if this is a	n amended filing	
<u>Official</u>	<u>Form 122A - 1</u>						
Chapte	r 7 Statement of Your Cui	rrent Mo	nthly Inc	om	е		12/15
attach a separ case number ( qualifying mili	e and accurate as possible. If two married people ate sheet to this form. Include the line number to vif known). If you believe that you are exempted frotary service, complete and file Statement of Exemple Calculate Your Current Monthly Income	which the addition mapped a presumption	onal information and of abuse becau	applies ise you	On the top of ar do not have prin	ny additional pages, writ narily consumer debts o	te your name and or because of
1. What is	s your marital and filing status? Check one or	nly.					
■ Not	married. Fill out Column A, lines 2-11.						
☐ Mar	ried and your spouse is filing with you. Fill o	ut both Column	s A and B, lines	2-11.			
☐ Mar	ried and your spouse is NOT filing with you.	You and your	spouse are:				
□Li	ving in the same household and are not lega	ally separated.	Fill out both Co	olumns	A and B, lines 2	2-11.	
р	ving separately or are legally separated. Fill enalty of perjury that you and your spouse are lying apart for reasons that do not include evadi	egally separate	ed under nonbar	nkruptc	y law that applie	es or that you and your	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-ns, add the income for all 6 months and divide the tota in the same rental property, put the income from that property.	nonth period woul I by 6. Fill in the re	ld be March 1 thro esult. Do not inclu	ugh Aug de any i	gust 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during ble, if both
				Colur Debte		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commiss	ions (before all	\$	2,936.66	\$	
	y and maintenance payments. Do not include B is filled in.	payments fron	n a spouse if	\$	0.00	\$	
of you from an and roo	ounts from any source which are regularly poor your dependents, including child support unmarried partner, members of your household mmates. Include regular contributions from a spont include payments you listed on line 3.	. Include regula d, your depende	ar contributions ents, parents,	\$	0.00	\$	
5. Net inc	ome from operating a business, profession,						
			btor 1				
	eceipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>	_				
	y and necessary operating expenses	0.00	 Copy here ->	Ф.	0.00	\$	
	nthly income from a business, profession, or far	m \$	Copy here ->	- φ	0.00	Ψ	
6. Net inc	ome from rental and other real property	De	btor 1				
Gross r	eceipts (before all deductions)	\$ 0.00					
	y and necessary operating expenses	-\$ 0.00					
	nthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7 Interes	t. dividends. and rovalties		_	\$	0.00	\$	

Official Form 122A-1

Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$  Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Salculate your total current monthly income. Add lines 2 through 10 for	\$  \$	0.00 0.00 0.00 0.00	S  S  S  S  S  S  S  S  S  S  S  S  S		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$ \$  Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from separate pages, if any.  \$  Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$  2,9  Calculate your current monthly income for the year. Follow these steps:	\$ \$ \$ \$	0.00 0.00 0.00 0.00			-
the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from separate pages, if any.  \$ Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  Determine Whether the Means Test Applies to You  Calculate your current monthly income for the year. Follow these steps:	\$ \$ \$ \$	0.00 0.00 0.00	\$\$ \$\$ \$		- -
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from separate pages, if any.  **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  **Determine Whether the Means Test Applies to You  **Calculate your current monthly income for the year. Follow these steps:	\$ \$ \$ \$	0.00 0.00 0.00	\$\$ \$\$ \$		-
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from separate pages, if any.  **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  **Determine Whether the Means Test Applies to You  **Calculate your current monthly income for the year. Follow these steps:	\$ \$ \$ \$	0.00 0.00 0.00	\$\$ \$\$ \$		
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from separate pages, if any.  **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  **Determine Whether the Means Test Applies to You  **Calculate your current monthly income for the year. Follow these steps:	\$ \$ \$ \$	0.00 0.00 0.00	\$\$ \$\$		·
Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from separate pages, if any.  **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  **Determine Whether the Means Test Applies to You  **Calculate your current monthly income for the year. Follow these steps:	\$ \$	0.00	\$ \$ \$		
Total amounts from separate pages, if any.  **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  **Determine Whether the Means Test Applies to You  **Calculate your current monthly income for the year. Follow these steps:	\$ \$	0.00	\$  \$ 		= •
Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$ 2,5  2: Determine Whether the Means Test Applies to You  Calculate your current monthly income for the year. Follow these steps:	<u> </u>	0.00	\$ 		
Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$ 2,5  2: Determine Whether the Means Test Applies to You  Calculate your current monthly income for the year. Follow these steps:	<u> </u>	1	\$		
peach column. Then add the total for Column A to the total for Column B.  \$	,936.66				-
Calculate your current monthly income for the year. Follow these steps:		+ -		=\$_	2,936.6
	Cop	y line 11 ł	nere=>	\$	2,936.6
124. 33p, your local outlonk monking moonto from the 11		,o	1010-2	•	2,930.0
Multiply by 12 (the number of months in a year)				х	12
12b. The result is your annual income for this part of the form			12b	p. \$	35,239.9
Calculate the median family income that applies to you. Follow these steps:					
Fill in the state in which you live.					
Fill in the number of people in your household.					
Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the form. This list may also be available at the bankruptcy clerk's office.	the separa	ate instruc	13. tions	\$	49,172.0
How do the lines compare?					
Line 12b is less than or equal to line 13. On the top of page 1, check box 1,	, There is	no presum	nption of abus	se.	
Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presu</i> Go to Part 3 and fill out Form 122A-2.	sumption of	f abuse is	determined b	y Form	122A-2.
3: Sign Below					
By signing here, I declare under penalty of perjury that the information on this state	ement and	in any atta	achments is t	rue and	correct.
X /s/ Nathaniel Montrail Staton Nathaniel Montrail Staton					
Signature of Debtor 1  Date   MM / DD / YYYY					

Official Form 122A-1

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# United States Bankruptcy Court Middle District of Florida

In re Nathaniel Montrail Staton		Case No.						
	Debtor(s)	Chapter	7					
VERIFICATION OF CREDITOR MATRIX								
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.								
Date: <b>July 21, 2019</b>	/s/ Nathaniel Montrail Staton  Nathaniel Montrail Staton							

Signature of Debtor

Nathaniel Montrail Staton	Americollect Inc	Americollect Inc
8192 Trafalgar Square	1851 S Alverno Road	1851 S Alverno Road
Jacksonville, FL 32217	Manitowoc, WI 54221	Manitowoc, WI 54221
Tony Turner Law Office of Tony Turner 5329 Ogilvie Lane Saint Augustine, FL 32086	Americollect Inc 1851 S Alverno Road Manitowoc, WI 54221	Americollect Inc 1851 S Alverno Road Manitowoc, WI 54221
Acceptance Now	Americollect Inc	Americollect Inc
5501 Headquarters Drive	1851 S Alverno Road	1851 S Alverno Road
Plano, TX 75024	Manitowoc, WI 54221	Manitowoc, WI 54221
Afni, Inc.	Americollect Inc	Americollect Inc
Po Box 3097	1851 S Alverno Road	1851 S Alverno Road
Bloomington, IL 61702	Manitowoc, WI 54221	Manitowoc, WI 54221
Amcol Systems Inc	Americollect Inc	Americollect Inc
Po Box 21625	P.o. Box 1654	1851 S Alverno Road
Columbia, SC 29221	Green Bay, WI 54301	Manitowoc, WI 54221
Americollect Inc	Americollect Inc	Americollect Inc
1851 S Alverno Road	1851 S Alverno Road	1851 S Alverno Road
Manitowoc, WI 54221	Manitowoc, WI 54221	Manitowoc, WI 54221
Americollect Inc	Americollect Inc	Americollect Inc
1851 S Alverno Road	1851 S Alverno Road	1851 S Alverno Road
Manitowoc, WI 54221	Manitowoc, WI 54221	Manitowoc, WI 54221
Americollect Inc	Americollect Inc	Ars Account Resolution
1851 S Alverno Road	1851 S Alverno Road	1643 Nw 136 Ave Bld H St
Manitowoc, WI 54221	Manitowoc, WI 54221	Sunrise, FL 33323
Americollect Inc	Americollect Inc	Ars Account Resolution
1851 S Alverno Road	1851 S Alverno Road	1643 Nw 136 Ave Bld H St
Manitowoc, WI 54221	Manitowoc, WI 54221	Sunrise, FL 33323

Ars Account Resolution Charlie Choice Recovery 1550 Old Henderson Rd St 1643 Nw 136 Ave Bld H St 8192 Trafalgar Square Sunrise, FL 33323 Jacksonville, FL 32217 Columbus, OH 43220 Choice Recovery Ars Account Resolution Choice Recovery 1643 Nw 136 Ave Bld H St 1550 Old Henderson Rd St 1550 Old Henderson Rd St Columbus, OH 43220 Columbus, OH 43220 Sunrise, FL 33323 AT&T U-Verse Choice Recovery Collect Assosiates Po Box 5014 1550 Old Henderson Rd St Po Box 465 Carol Stream, IL 60197-5014 Columbus, OH 43220 Brookfield, WI 53008 Awa Collections Choice Recovery Commonwealth Financial P O Box 6605 1550 Old Henderson Rd St 245 Main St Orange, CA 92867 Columbus, OH 43220 Dickson City, PA 18519 Awa Collections Choice Recovery Commonwealth Financial P O Box 6605 1550 Old Henderson Rd St 245 Main St Columbus, OH 43220 Orange, CA 92867 Dickson City, PA 18519 Bank Of America Choice Recovery Deborah Edgerton 18444 Beazy Lane Po Box 982238 1550 Old Henderson Rd St Milford, VA 22514 El Paso, TX 79998 Columbus, OH 43220 Bank of America Choice Recovery Deborah Edgerton 100 North Tyren St 1550 Old Henderson Rd St 18444 Beazy Lane Charlotte, NC 28255 Columbus, OH 43220 Milford, VA 22514 Baptist Primary Care Choice Recovery Dept Of Ed/sallie Mae Patient Financial 1550 Old Henderson Rd St Po Box 9635 Po Box 45443 Columbus, OH 43220 Wilkes Barre, PA 18773 Salt Lake City, UT 84145-0443

Choice Recovery

Columbus, OH 43220

1550 Old Henderson Rd St

**Emergency Resources Group** 

820 Prudential Dr. #713

Jacksonville, FL 32207

Charlie

8192 Trafalgar Square Jacksonville, FL 32217

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107 MBB Radiology Patient Financials 3599 University Blvld., Ste.300 Jacksonville, FL 32216 Sca Collections P O Box 910 Edenton, NC 27932

HNI Healthcare Inc. Patient Billing 7500 Rialto Blvd Ste. 140 Austin, TX 78735 Navy Federal Po Box 23602 Merrifield, VA 22119 St. Luke's Patient Billing Po Box 640 Boise, ID 83701

Inpatient Consultant of Florida 1700 N. McCullen Booth, Ste. D1 Clearwater, FL 33759-2129

Navy Federal Credit Union 820 Follin Lane Se Vienna, VA 22180 St. Vincent Hospital Patient Financial Services Po Box 13508 Green Bay, WI 54307-3508

Jacksonville Fire and Rescue Patient Billing 515 N. Julia St. Jacksonville, FL 32202 North Florida Anesthesia Consult Patient Billing MSC#662 Po Box 830529 Birmingham, AL 35283 SunTrust Bank 303 Peachtree Street Northwest Atlanta, GA 30309

Jacksonville Fire and Rescue Patient Billing 515 N. Julia St. Jacksonville, FL 32202 One Hampton Medical Patient Financials 13700 St. Fransic Blvd Midlothian, VA 23114

Wells Fargo 420 Montgomery St San Francisco, CA 94108

Jacksonville Fire and Rescue Patient Billing 515 N. Julia St. Jacksonville, FL 32202 Profburcol 5295 Dtc Parkway Greenwood Village, CO 80111 Wells Fargo Po Box 51193 Los Angeles, CA 90051-5493

Larry Ton 2609 Amherst Ridge way South Chesterfield, VA 23834 Progressive Leasing 256 W. Data Drive Draper, UT 84020 Woodforest National Bank 4250 Philips Highway Jacksonville, FL 32207

Larry Ton 2609 Amherst Ridge way South Chesterfield, VA 23834 Sca P O Box 910 Edenton, NC 27932 Woodforest National Bank Customer Service Po Box 7889 The Woodlands, TX 77387-7889

MBB Radiology Patient Financials 3599 University Blvld., Ste.300 Jacksonville, FL 32216 Sca P O Box 910 Edenton, NC 27932 B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Middle District of Florida

In re	Nathaniel Montrail Staton		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPE	NSATION OF ATTOR	NEY FOR DE	CBTOR(S)		
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,500.00		
	Prior to the filing of this statement I have received.		. \$	1,500.00		
	Balance Due		. \$	0.00		
2. 5	<b>335.00</b> of the filing fee has been paid.					
3.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
4.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person ur	nless they are meml	pers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the nar	ation with a person or persons wh mes of the people sharing in the co	o are not members ompensation is atta	or associates of my law firm. A ched.		
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspects of	of the bankruptcy c	ase, including:		
l C	a. Analysis of the debtor's financial situation, and render. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credited. [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on home.	tement of affairs and plan which nors and confirmation hearing, and reduce to market value; exentions as needed; preparation a	nay be required; any adjourned hear aption planning;	rings thereof;  preparation and filing of		
7. 1	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis any other adversary proceeding.			es, relief from stay actions or		
		CERTIFICATION				
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	y agreement or arrangement for p	ayment to me for re	epresentation of the debtor(s) in		
	<b>uly 21, 2019</b> ate	/s/ Tony Turner Tony Turner Signature of Attorney Law Office of Tony 5329 Ogilvie Lane Saint Augustine, Fr				
		tonyturnerlaw@gm Name of law firm	nail.com			